

CLAIMS ONLY							Application Number <i>100/6941</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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49								
50								
Total Indep								
Total Depend								
Total Claims								

*13
89
83*